Feedback Form Investing in Tobacco Control: A Guide for State Decisionmakers February 15, 2001

Please complete this brief feedback form and return it to the facilitator. Thank you.

Which of the following best describes your position	on? Please	e check of	ne.		
 □ State Legislator □ State Legislative Staff □ Elected or Appointed State Executive Branch Member □ Local Elected or Appointed Official □ State Tobacco Control Staff □ Other State Health Department Staff □ Local Health Department Staff 	 □ State or Local Tobacco Control Coalition Member □ Member or Staff of a State Tobacco □ Control Foundation, Commission, or Board □ Other Nongovernmental Staff or Volunteers □ Other 				
Please Indicate if You Agree with the Following:	Strongly Agree	Agree	No Opinion	Disagree	Strongl Disagre
Sustained comprehensive tobacco control programs can reduce tobacco use in States.	1	2	3	4	5
The Master Settlement Agreement offers a major opportunity for conducting long-term tobacco control programs in States.	1	2	3	4	5
The broadcast clarified what can be expected from State tobacco control programs in the short, intermediate, and long term.	1	2	3	4	5
What I learned at the satellite broadcast will be helpful in my work.	1	2	3	4	5
The overall quality of the information and program was excellent.	1	2	3	4	5
I learned new information from the broadcast.	1	2	3	4	5
The broadcast was about the right length.	1	2	3	4	5
This broadcast will be useful as a videotape.	1	2	3	4	5
How much of the broadcast did you see? ☐ All o		☐ Part of	f it (Abou	t min	utes)

How much of the broadcast did you see? \Box Al	l of it \Box Part of it (About	minutes
What are one or two things you plan to do in yo	our job based on this broadcast?	

Please provide other comments about the broadcast.